

CURRENT EMPLOYER INFORMATION

This form must be completed for:

- An *“Order of Assignment”* (Staple to the *“Order of Assignment”*)
- *“Order to Stop an Order of Assignment”* (Staple to the Stop Order)
- *“Notification of a Change of Employer”*

CASE NUMBER _____ ATLAS NUMBER _____

PAYOR NAME _____
(Name of Person to Make Payment)

Social Security Number _____

List only the Employer's Name and Payroll Address where the *“Order of Assignment”* or *“Stop Order of Assignment”* should be mailed.

CURRENT EMPLOYER NAME _____

PAYROLL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ FAX NUMBER () _____

PREVIOUS EMPLOYER (IF KNOWN) _____

PAYROLL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ FAX NUMBER () _____

SUBMITTED BY _____ DATE _____

WA/FSC

TYPE OF W/A _____

DATE _____

TYPE OF ORDER _____

EMPLOYER STATUS _____

ENTERED BY _____

NEW W/A _____ SUB _____

AG _____ DCSE _____